

Breastfeeding Peer Counselor Quarterly Report

Breastfeeding Peer Counselor Quarterly Report for Quarter _____

Clinic Name: _____

BFPC Supervisor: _____

BFPC: _____

BFPC Caseload: _____

Quarterly Reports due:

January 20

April 20

July 20

October 20

| Activity | Number of Contacts | | | |
|----------------------------------|--------------------|--------|--------|--------|
| | New PG | New BF | F/U PG | F/U BF |
| Telephone Contacts | | | | |
| Attempted Contacts | | | | |
| Home Visits | | | | |
| Clinic Visits | | | | |
| Hospital Visits | | | | |
| Groups/Classes | | | | |
| Other Contacts (list type below) | | | | |
| Yields to BF Expert | | | | |
| Totals | | | | |

| Activity | Number of Activities/Events | Comments |
|----------------------------------|-----------------------------|----------|
| Training/Inservice (list topics) | | |
| Peer Counselor Meetings | | |
| PC Promotional Activity (list) | | |
| Other Activities (list) | | |